

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/914596	FILING DATE			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2		1					52			
3	1		1				53			
4							54			
5		4					55			
6		4					56			
7		1					57			
8		①					58			
9							59			
10							60			
11							61			
12							62			
13							63			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	0						TOTAL IND.			
TOTAL DEP.	12	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	14						TOTAL CLAIMS			

Best Available Copy